



**Iowa General Assembly**  
**Daily Bills, Amendments and Study Bills**  
**February 08, 2013**

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House File 180 - Introduced

HOUSE FILE 180

BY STAED, STUTSMAN, HUNTER,  
MASCHER, KRESSIG,  
KAJTAZOVIC, LUNDBY,  
WESSEL-KROESCHELL,  
WINCKLER, LENSING,  
ABDUL-SAMAD, T. TAYLOR,  
ANDERSON, OURTH, BEARINGER,  
RUFF, STECKMAN, KEARNS,  
THOMAS, DUNKEL, HEDDENS,  
M. SMITH, GASKILL, BERRY,  
KELLEY, GAINES, OLDSON,  
FORBES, MUHLBAUER, and  
WOLFE

A BILL FOR

1 An Act providing for the licensure of music therapists and  
2 providing for fees.

3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

TLSB 1405YH (5) 85  
jr/sc



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1 Section 1. Section 147.1, subsections 3 and 6, Code 2013,  
2 are amended to read as follows:

3 3. *"Licensed"* or *"certified"*, when applied to a physician  
4 and surgeon, podiatric physician, osteopathic physician and  
5 surgeon, physician assistant, psychologist, chiropractor,  
6 nurse, dentist, dental hygienist, dental assistant,  
7 optometrist, speech pathologist, audiologist, pharmacist,  
8 physical therapist, physical therapist assistant, occupational  
9 therapist, occupational therapy assistant, orthotist,  
10 prosthetist, pedorthist, respiratory care practitioner,  
11 practitioner of cosmetology arts and sciences, practitioner  
12 of barbering, funeral director, dietitian, marital and  
13 family therapist, mental health counselor, social worker,  
14 massage therapist, athletic trainer, acupuncturist, nursing  
15 home administrator, hearing aid dispenser, ~~or~~ sign language  
16 interpreter or transliterator, or music therapist means a  
17 person licensed under this subtitle.

18 6. *"Profession"* means medicine and surgery, podiatry,  
19 osteopathic medicine and surgery, practice as a physician  
20 assistant, psychology, chiropractic, nursing, dentistry,  
21 dental hygiene, dental assisting, optometry, speech pathology,  
22 audiology, pharmacy, physical therapy, physical therapist  
23 assisting, occupational therapy, occupational therapy  
24 assisting, respiratory care, cosmetology arts and sciences,  
25 barbering, mortuary science, marital and family therapy, mental  
26 health counseling, social work, dietetics, massage therapy,  
27 athletic training, acupuncture, nursing home administration,  
28 hearing aid dispensing, sign language interpreting or  
29 transliterating, orthotics, prosthetics, ~~or~~ pedorthics, or  
30 music therapy.

31 Sec. 2. Section 147.2, subsection 1, Code 2013, is amended  
32 to read as follows:

33 1. A person shall not engage in the practice of medicine  
34 and surgery, podiatry, osteopathic medicine and surgery,  
35 psychology, chiropractic, physical therapy, physical

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1 therapist assisting, nursing, dentistry, dental hygiene,  
2 dental assisting, optometry, speech pathology, audiology,  
3 occupational therapy, occupational therapy assisting,  
4 orthotics, prosthetics, pedorthics, respiratory care,  
5 pharmacy, cosmetology arts and sciences, barbering, social  
6 work, dietetics, marital and family therapy or mental health  
7 counseling, massage therapy, mortuary science, athletic  
8 training, acupuncture, nursing home administration, hearing aid  
9 dispensing, ~~or~~ sign language interpreting or transliterating,  
10 or music therapy, or shall not practice as a physician  
11 assistant, unless the person has obtained a license for that  
12 purpose from the board for the profession.

13 Sec. 3. Section 147.13, Code 2013, is amended by adding the  
14 following new subsection:

15 NEW SUBSECTION. 25. For music therapy, the board of music  
16 therapy.

17 Sec. 4. Section 147.14, subsection 1, Code 2013, is amended  
18 by adding the following new paragraph:

19 NEW PARAGRAPH. x. For music therapy, three members licensed  
20 to practice music therapy and two members who are not licensed  
21 to practice music therapy and who shall represent the general  
22 public.

23 Sec. 5. NEW SECTION. 154G.1 Definitions.

24 As used in this chapter, unless the context otherwise  
25 requires:

26 1. *"Board"* means the board of music therapy designated in  
27 section 147.13.

28 2. *"Music therapist"* is an individual who practices music  
29 therapy.

30 3. a. *"Music therapy"* is the specialized use of music and  
31 music materials to restore, maintain, and improve cognitive,  
32 psychological, social, emotional, affective, physical, sensory  
33 or sensorimotor, motor, communicative, or physiological  
34 functioning.

35 b. The practice of music therapy means the application

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1 of principles, methods, and procedures involving the use of  
2 music to provide therapeutic development of verbal skills and  
3 nonverbal behavior, memory recall, improved self-expression  
4 and socialization, enhancement of self-esteem, stress and pain  
5 management, cultural and spiritual expression, development of  
6 fine and gross motor skills, improved respiratory functioning  
7 and speech, and sensory integration and stimulation.

8 Sec. 6. NEW SECTION. 154G.2 Requirements for licensure.

9 1. To qualify for a license to practice music therapy, an  
10 applicant must be at least eighteen years of age and shall meet  
11 all of the following requirements:

12 a. A bachelor's degree or higher in music therapy from an  
13 educational program that included clinical training, and such  
14 program is approved by the board.

15 b. Successful completion of an examination approved and  
16 prescribed by the board.

17 c. Hold in good standing a designation approved by the  
18 board, including any of the following:

19 (1) The credential "music therapist — board certified"  
20 granted by the certification board for music therapists.

21 (2) A professional designation of registered music  
22 therapist, certified music therapist, or advanced certified  
23 music therapist and listed as such on the national music  
24 therapy registry.

25 d. Evidence of physical, mental, and professional capability  
26 for the practice of music therapy in a manner acceptable to the  
27 board.

28 e. Evidence, upon review by the board, that the applicant  
29 has not had a license to practice music therapy or other health  
30 care license, registration, or certificate refused, revoked, or  
31 suspended by any other jurisdiction for reasons that relate to  
32 the applicant's ability to practice music therapy unless that  
33 license, registration, or certification has been restored to  
34 good standing by that jurisdiction.

35 2. The application must be accompanied by the license

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1 fees and application fees established by the board and by the  
2 documents, affidavits, and certificates necessary to establish  
3 that the applicant possesses the necessary qualifications.

4 Sec. 7. NEW SECTION. 154G.3 Use of title — exceptions.

5 1. A person shall not represent oneself to the public as a  
6 music therapist or as being otherwise authorized to practice  
7 music therapy or use any titles, words, letters, abbreviations,  
8 or insignia indicating or implying that the person is a  
9 licensed music therapist unless the person has been licensed  
10 according to this chapter.

11 2. This chapter and chapter 147 do not prevent a person  
12 licensed in another profession, or personnel supervised by such  
13 a licensed professional, from providing services consistent  
14 with the nature of music therapy, but these persons shall not  
15 use a title or description denoting that they are licensed  
16 music therapists.

17 Sec. 8. NEW SECTION. 154G.4 Duties of the board.

18 The board shall adopt rules consistent with this chapter,  
19 chapter 147, and chapter 272C as necessary for the performance  
20 of its duties under this chapter, chapter 147, and chapter  
21 272C.

22 Sec. 9. Section 272C.1, subsection 6, Code 2013, is amended  
23 by adding the following new paragraph:

24 NEW PARAGRAPH. *ag.* The board of music therapy, created  
25 pursuant to chapter 147.

26 Sec. 10. INITIAL BOARD.

27 1. Notwithstanding the requirement of licensure pursuant  
28 to section 147.14, subsection 1, paragraph "x", the initial  
29 members of the board of music therapy established pursuant to  
30 this Act shall be appointed as follows to the following terms:

31 a. Two professional members holding a designation described  
32 in section 154G.2, subsection 1, paragraph "c", and meeting the  
33 requirements of section 147.16 and one member representing the  
34 general public shall be appointed for a term of three years.

35 b. One professional member holding a designation described

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1 in section 154G.2, subsection 1, paragraph "c", and meeting the  
2 requirements of section 147.16 and one member representing the  
3 general public shall be appointed for a term of two years.

4 2. Subsequent appointments to the board shall be for a term  
5 of three years, in accordance with section 147.19.

6 EXPLANATION

7 This bill enacts new Code chapter 154G, which requires the  
8 licensing of music therapists. The bill provides a definition  
9 for the practice of music therapy.

10 The bill provides that the practice of music therapy shall  
11 be regulated by a board of music therapy. The board consists  
12 of five members, three music therapists, and two members  
13 representing the general public.

14 The bill empowers the board to establish license fees and  
15 application fees.

16 The bill requires the board of music therapy to adopt  
17 rules consistent with Code chapter 147, relating to licensure  
18 of health professionals, generally, new Code chapter 154G,  
19 and Code chapter 272C, relating to regulation of licensed  
20 professions and occupations and to continuing education.

21 The bill provides for appointment of the initial board of  
22 music therapy.



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House File 181 - Introduced

HOUSE FILE 181  
BY HEATON

A BILL FOR

1 An Act relating to the adoption of guidelines relating to the  
2 use and prescribing of opiates by emergency departments.  
3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

TLSB 2001YH (7) 85  
pf/nh





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1 Section 1. NEW SECTION. 135.39D Opiate prescribing and use  
2 in emergency departments.

3 The department shall adopt by rule in accordance with  
4 chapter 17A guidelines for the prescribing of opiates in the  
5 emergency departments of hospitals in order to assist emergency  
6 departments in reducing the inappropriate use of opiates  
7 while preserving the vital role of the emergency department  
8 in treating patients with emergent medical conditions. At a  
9 minimum, the guidelines shall provide for all of the following:

10 1. Designating one medical provider for the prescribing  
11 of all opiates to treat a patient's chronic pain and limiting  
12 the prescribing of opiates to treat chronic pain to only the  
13 immediate treatment of acute exacerbations of pain associated  
14 with objective findings of uncontrolled pain.

15 2. Limiting the administration of intravenous and  
16 intramuscular opiates in the emergency department for the  
17 relief of acute exacerbations of chronic pain.

18 3. Limiting the replacement of prescriptions by emergency  
19 departments of opiates that have been lost, destroyed, or  
20 stolen.

21 4. Limiting the replacement by emergency departments of  
22 doses of methadone for patients in a methadone treatment  
23 program.

24 5. Prohibiting or discouraging the prescribing of  
25 long-acting, controlled-release, or other opiates such as  
26 oxycontin, fentanyl patches, methadone, and demerol by the  
27 emergency department.

28 6. Utilizing an emergency department information exchange  
29 to encourage the sharing of patient histories between emergency  
30 departments.

31 7. Facilitating the sharing of patient pain histories  
32 between a patient's family physician and the emergency  
33 department.

34 8. Requiring a patient to provide government-issued  
35 identification when filling a prescription for an opiate

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1 prescribed in the emergency department.

2 9. Providing for the photographing of patients prescribed  
3 opiates in the emergency department by the emergency department  
4 if the patient does not have government-issued identification.

5 10. Requiring the use of a care coordination program by  
6 emergency departments for patients who frequently use the  
7 emergency department and are prescribed opiates.

8 11. Requiring emergency departments to encourage use of  
9 primary care providers by patients who frequently use the  
10 emergency department and are prescribed opiates.

11 12. Requiring emergency departments to perform screening,  
12 brief interventions, and treatment referrals for patients with  
13 suspected opiate use disorders.

14 13. Requiring follow-up care with the patient's primary  
15 opiate prescriber following the emergency department visit and  
16 limiting the amount of opiates prescribed to only the amount  
17 necessary until the follow-up visit.

18 14. Limiting the amount of opiate pain medication  
19 prescribed by the emergency department for acute injuries.

20 15. Requiring screening for substance use disorders prior  
21 to prescribing opiates in the emergency department for acute  
22 pain.

23 16. In accordance with the federal Emergency Medical  
24 Treatment and Active Labor Act, using the clinical judgment of  
25 the health care provider in determining whether to prescribe  
26 opiates for pain.

27 EXPLANATION

28 This bill relates to the adoption of opiate use and  
29 prescribing guidelines for emergency departments (ED) of  
30 hospitals.

31 The bill directs the department of public health to adopt  
32 by rule pursuant to Code chapter 17A guidelines for the use  
33 and prescribing of opiates in the emergency departments of  
34 hospitals. The intent of the guidelines is to assist emergency  
35 departments in reducing the inappropriate use of opiates while

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1 preserving the vital role of the emergency department in  
2 treating patients with emergent medical conditions.  
3 The guidelines, at a minimum, are to address: the  
4 designation of one medical provider for the prescribing of  
5 all opiates to treat a patient's chronic pain and limiting  
6 the prescribing of opiates to treat chronic pain to only the  
7 immediate treatment of acute exacerbations of pain associated  
8 with objective findings of uncontrolled pain; limiting the  
9 administration of intravenous and intramuscular opiates in  
10 the ED; limiting the replacement of opiate prescriptions by  
11 EDs that have been lost, destroyed, or stolen; limiting the  
12 replacement by EDs of doses of methadone for patients in a  
13 methadone treatment program; prohibiting or discouraging the  
14 prescribing of long-acting, controlled-release, or other  
15 opiates by the ED; utilizing an ED information exchange  
16 to encourage the sharing of patient histories between EDs;  
17 facilitating the sharing of patient pain histories between a  
18 patient's family physician and the ED; requiring a patient  
19 to provide government-issued identification when filling a  
20 prescription for an opiate prescribed in the ED; providing for  
21 the photographing of patients prescribed opiates in the ED if  
22 the patient does not have government-issued identification;  
23 requiring the use of a care coordination program by EDs for  
24 patients who frequently use the ED and are prescribed opiates;  
25 requiring EDs to encourage use of primary care providers by  
26 patients who frequently use the ED and are prescribed opiates;  
27 requiring EDs to perform screening, brief interventions, and  
28 treatment referrals for patients with suspected opiate use  
29 disorders; requiring follow-up care with the patient's primary  
30 opiate prescriber following the ED visit in order to limit  
31 the amount of opiates prescribed in the ED to only the amount  
32 necessary until the follow-up visit; limiting the amount of  
33 opiates prescribed by the ED for acute injuries; requiring  
34 screening for substance use disorders prior to prescribing  
35 opiates in the ED for acute pain; and in accordance with the



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1 federal Emergency Medical Treatment and Active Labor Act,  
2 using the clinical judgment of the health care provider in  
3 determining whether to prescribe opiates for pain.



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House Joint Resolution 7 - Introduced

HOUSE JOINT RESOLUTION 7  
BY HEATON

HOUSE JOINT RESOLUTION

1 A Joint Resolution relating to the location and exhibition of  
2 the statue of James Harlan, currently on display in the  
3 United States capitol.  
4 WHEREAS, James Harlan was an early president of Iowa  
5 Wesleyan College; and  
6 WHEREAS, Mr. Harlan's home was and final resting place is in  
7 Mount Pleasant, Iowa; and  
8 WHEREAS, House Joint Resolution 16, enacted in 2011,  
9 provides for the relocation of the James Harlan statue from  
10 Washington, D.C., to the Iowa statehouse; NOW THEREFORE,  
11 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

TLSB 2043HH (3) 85  
jr/rj



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H.J.R. 7

1 Section 1. PERMANENT LOAN AND PERPETUAL EXHIBITION.

2 1. Upon the replacement of the statue of James Harlan in the  
3 United States capitol, that statue shall be the property of the  
4 State of Iowa.

5 2. The provisions of 2011 Iowa Acts, chapter 136 (House  
6 Joint Resolution 16) notwithstanding, upon return of the  
7 James Harlan statue to Iowa, the department of administrative  
8 services shall negotiate an agreement with Iowa Wesleyan  
9 College for the permanent loan of the statue to the college for  
10 perpetual exhibition.

11 3. The agreement shall provide for the perpetual exhibition  
12 of the James Harlan statue at a suitable location on the campus  
13 of Iowa Wesleyan College and for its care and maintenance by  
14 the college.

15 EXPLANATION

16 Under federal law, each state is allowed to place two statues  
17 of its noted personages in the United States capitol. House  
18 Joint Resolution 16, enacted in 2011, provides for the exchange  
19 of the statue of James Harlan with a statue of Dr. Norman  
20 Borlaug.

21 This joint resolution revises House Joint Resolution 16 by  
22 providing that the State of Iowa will place the James Harlan  
23 statue on permanent loan to Iowa Wesleyan College. The college  
24 must provide for the perpetual exhibition of the statue and  
25 provide for its care and maintenance.

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